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**PAYMENT POLICY ID NUMBER: 22-077**

**Original Effective Date:** 12/08/2022

**Revised:** N/A

## **Facility Reimbursement for Clinic Services**

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### **DESCRIPTION:**

Hospital clinic services are preventive, diagnostic, therapeutic, rehabilitative, palliative, or educational non-emergency outpatient services that are furnished to ambulatory patients

This policy applies to Florida Blue's commercial products only. It does not apply to the Medicare Advantage products.

### **REIMBURSEMENT INFORMATION:**

This policy addresses when the hospital is eligible for separate reimbursement if a physician is using the hospital's clinic for outpatient treatment which may result in only an evaluation and management procedure code reported for the service performed.

The hospital is eligible for separate reimbursement of a clinic fee reported under a revenue code in the 510-519 range when the hospital is not already receiving payment from the physician for usage of the hospital's clinic via any other form of agreement such as a rental or lease arrangement.

The hospital should ensure the member is aware that two separate bills will be received both with separate patient responsibility amounts due.

### **BILLING/CODING INFORMATION:**

If a more suitable revenue code exists for the facility fee related to the service(s) rendered, then a clinic revenue code should not be reported.

If a more suitable procedure code represents the service rendered, then it should be billed in lieu of or in addition to the evaluation and management procedure code.

Clinic billing is not appropriate for services such as handling fees or routine blood draws.

A facility bill is not applicable if the hospital is only handling or referring any lab specimens already collected to a third party and the hospital is not performing the technical component of the lab(s).

This policy does not apply if there is an agreement in place between the hospital, physician(s) and Florida Blue to bill globally under a CMS 1500 claim form and an office location of service.

**DEFINITIONS:**

Revenue Codes 510-519 are collectively defined as “Clinic Services” and can represent a general clinic or a specific type of clinic, such as urgent care.

**REFERENCES:**

1. Centers for Medicare and Medicaid Services, "National Physician Fee Schedule (NPF) Relative Value File."
2. American Medical Association, Current Procedural Terminology (CPT®) , Professional Edition
3. National Uniform Billing Committee, Universal Billing Guide for the UB04 form

**GUIDELINE UPDATE INFORMATION:**

|            |            |
|------------|------------|
| 12/08/2022 | New Policy |
|            |            |

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